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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *none pme*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *yes pme*  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/28/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>pme</i> Examiner's Signature Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWING 11	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
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**ADDRESS**  
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**TITLE**  
 Method and system for coding test pattern for scan design

FILING FEE  RECEIVED 1078	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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